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ABSTRACT

The purpose of the practicum was to determine if a specifically designed inservice training program for teachers would change their attitudes toward children suffering from emotional instability. Two groups of teachers from two schools acted as experimental and control groups for the purpose of analysis. The experimental group was involved in an inservice program which utilized mental health consultants from local and state clinics. The results indicated that teachers' attitudes toward children with emotional problems were changed in specific areas. The results seemed to indicate that teachers have a better understanding of children with emotional problems after attending inservice programs conducted by Mental Health consultants. Also, it was found that corporal punishment was used less and behavior modification techniques were used more by those teachers in order to assist children in becoming more emotionally stable. (Appendixes include letters pertaining to the practicum, agenda of the inservice meetings, and a mental health consulting survey form.) (Author)

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DOES INVOLVEMENT OF MENTAL HEALTH CONSULTANTS WITH TEACHERS CHANGE THEIR ATTITUDES TOWARD CHILDREN WITH EMOTIONAL PROBLEMS?

by

Charles F. Mobley

Submitted in partial fulfillment of the requirements for the degree of Doctor of Education, Nova University

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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DOES INVOLVEMENT OF MENTAL HEALTH CONSULTANTS WITH TEACHERS CHANGE THEIR ATTITUDES TOWARD CHILDREN WITH EMOTIONAL PROBLEMS?

Charles F. Mobley[1]

INTRODUCTION

The principal became aware of teachers' inability to identify and effectively deal with children suffering from emotional instability. In searching for a solution, it became apparent that the mental health clinic was a local resource which could give assistance to teachers in order to change their attitudes toward children with emotional problems. Upon seeking assistance from the agency, the principal's proposal to conduct mental health seminars was received with enthusiasm.

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[1]Principal, Beaverbrook Elementary School, Griffin, Georgia, 740 students.

The agency and school officials developed an in-service training program for teachers, and strategies were designed to determine if the training program made a difference in the attitudes of teachers who participated in the specifically designed inservice program.

STATEMENT OF PROBLEM

It was obvious to the principal of Beaverbrook Elementary School that some teachers were having difficulties dealing with children with emotional problems. Teachers felt pressured to see that all children obtained a certain level of academic excellence while in their classrooms. Children with emotional problems did not usually progress as readily as children who did not have such problems. Therefore, teachers not having a comprehensive knowledge as to the proper ways to deal with emotionally disturbed children became frustrated. Teachers who became upset with such disturbed children and anxious about their academic success usually applied pressure to force the disturbed children into performing to their expectations. This type action on the part of the teachers usually had an adverse effect on the children

and caused them to become more frustrated. The children usually acted out their frustrations via behavior disorders which sometimes caused teachers to apply more pressure for performance. This vicious cycle usually progressed to the point of disciplinary actions by teachers which brought on more rebellion by the students. The cycle could not be broken under the circumstances.

Emotionally disturbed students were totally out of control after going through situations as stated in the previous paragraph. Many times teachers approached the principal when the frustration level became intolerable and asked him to take disciplinary action against such emotionally disturbed children. The principal believed that such situations between teachers and children with emotional problems developed basically because teachers were not properly trained in identifying and effectively dealing with those problems.

PURPOSE OF THE PRACTICUM

The purpose of the practicum was to determine if an inservice training program would change the attitudes of teachers toward children suffering from emotional instability.

SEARCH FOR A SOLUTION

An inservice training program was established for the purpose of developing an awareness on the part of teachers in identifying and dealing with children with emotional problems. The principal believed that there was a possibility that teachers' attitudes toward children with emotional problems could be changed. He did not feel competent in structuring and executing a comprehensive plan of such magnitude; therefore, he sought community resources to help plan and direct the inservice program. After analyzing the community resources, it was apparent that the Mental Health Division of the local Health Department was the most likely agency to call upon for assistance.

Objective

The objective was to engineer and implement an inservice training program which would change teachers' attitudes toward children with emotional problems.

PRACTICUM DESIGN

The practicum was designed with the teachers foremost in mind because the planners felt teachers would not be

receptive to the inservice program unless it would benefit them directly. To accomplish this goal, the entire program needed to be well planned. The principal took the following steps in making preliminary plans for the practicum.

1. Discussed the apparent problem with faculty.
2. Established rapport with the Director of the Menal Health Clinic and sought his assistance.
3. Established rapport with teachers relative to the inservice program.

Planning the Practicum

The principal of Beaverbrook School felt that the execution of the inservice program would be strengthened if he could involve the staff of the local Mental Health Clinic. He contacted Jerry Stevenson, Clinic Director, about a two-pronged approach: (1) an inservice program for teachers and (2) a counseling time for students who were involved in the clinic. (See Appendix A) The principal had several subsequent conversations with Director Stevenson and his assistant, Gail Bilderback. They came to the conclusion that the two-pronged approach which had been tentatively planned earlier

would be too involved and that the greatest need was the inservice program for teachers.

It was decided that Gail Bilderback would work with the principal in planning the inservice meetings. The principal would set the stage for the inservice program during January, 1974. The actual inservice meetings were planned to take place during the spring.

The inservice meetings were planned for Thursday afternoons, 3:00 P.M. to 3:45 P.M., with refreshments served at the beginning of each meeting. The first three meetings were to be mandatory for all teachers and the next nine meetings would be voluntary. It was the desire of the planners to make the inservice meetings extremely valuable for teachers thus eliminating the need for mandatory attendance. It was felt that if the meetings could be structured in a meaningful manner, the attendance of teachers would not become a problem.

In one of the planning sessions Mr. Stevenson indicated that Dr. Dave Putnam, Assistant Director of the Georgia Mental Health Institute in Atlanta, Georgia, was presently under contract with the local clinic for consultant services, and that he possibly would be

interested in working with the inservice program. Dr. Putnam was enthusiastic about the project and joined Ms. Bilderback in a team approach to the inservice program.

Ms. Bilderback has a M.A. degree in Psychology and is the Coordinator of Child and Adolescent Services at the local Mental Health Clinic. She has been with the clinic for ten years.

Dr. Dave Putnam has a Ph.D. degree in Psychology and is a licensed practitioner in the state of Georgia. He heads the Division of Child and Adolescent Services at the Georgia Mental Health Institute, and also has the title of Assistant Director.

Ms. Bilderback, Dr. Putnam and the principal made plans for four inservice meetings to be held on each Thursday during the month of March. (See Appendix B) These meetings were planned to accommodate all teachers regardless of their teaching assignment. The remaining eight meetings to be held in April and May were tentatively planned for interest groups with Dr. Putnam and Ms. Bilderback acting as leaders. Comprehensive plans for those eight meetings were to be made during the first four weeks of the project. It was thought that this

design would have some advantages because the leaders could determine the needs of the teachers as they became involved in the project. (Note Agenda in Appendix B)

The leaders of the inservice project planned and developed a written instrument to be given to teachers participating in the inservice program and a group of teachers from another school who were not involved in the project. These two groups may be referred to in this report as the experimental and control groups or the inservice and non-inservice groups. The purpose of the instrument or survey form was to gather data to be used in an attempt to determine if the objectives of the inservice program had been met.

Another phase of planning for the practicum was executed with the faculty. The problem of understanding and dealing effectively with emotionally disturbed children was discussed during four consecutive staff meetings during January and February of 1974. The principal also discussed the problem with individuals and small groups of teachers when possible. The discussions were held in an attempt to focus on the need for some type of corrective program.

In retrospect, it is difficult to determine if teachers ever fully realized the need for such an inservice program. It is likely that they were convinced by the principal that the need did exist. When the project was completed, however, most teachers had grown in their ability to cope with emotionally disturbed children. More information will be offered on this phase of the practicum later in this report.

Executing the Practicum

The practicum was executed as planned by the principal and the Mental Health consultants. Four general staff meetings were held during January and February and teachers discussed their difficulties in dealing with students with emotional problems. The principal used leading questions to advance the discussions and most teachers contributed orally during meetings. The teachers who commented on the inservice idea supported the principal's proposal to establish such a program. They expressed affirmatively their admiration and confidence in Ms. Bilderback's role in the project because many of the teachers were already acquainted with her work at the clinic.

The inservice meetings started on the first Thursday in March. The first meeting was used as a get acquainted time for Dr. Putnam and Ms. Bilderback, and to introduce the project outline for the first four weeks. Refreshments were served to the teachers as they entered the school library and a pleasant atmosphere was created for the meeting. That meeting adjourned with teachers and leaders appearing to have a positive attitude about what they were going to do.

The second inservice meeting was held on March 14, 1974. At that meeting Dr. Putnam put some thought provoking questions to the teachers concerning the behavior exhibited by emotionally disturbed children. He followed that line of thought by asking teachers to orally verbalize some of their reactions to adverse behavior they had experienced in dealing with emotionally disturbed children. The participants in the inservice meeting displayed a high degree of interest in the discussion. The meeting ended with the leaders being well pleased about the amount of teacher participation.

The third inservice meeting was held on March 21, 1974. The presentation was lead by Dr. Putnam. His

major topic for the meeting dealt with the need for teachers to possess a good attitude toward children with emotional problems. He followed by encouraging teachers to state their honest feelings toward such children. Dr. Putnam then discussed the need for teachers to change their negative attitudes to positive attitudes toward emotionally disturbed children. He challenged teachers to try some of his suggestions and to note changes in their relationships with disturbed children. Dr. Putnam was well received and teachers gave him applause at the end of the meeting.

The last meeting during the fourth week did not go well and a lack of interest prevailed among most teachers. It was a day when those involved were not in a receptive mood. The principal and the consultants had tentatively planned for the remaining eight meetings to be structured in small group interaction sessions dealing with several kinds of emotional problems. However, after the non-productive meeting during the fourth session, the leaders evaluated their plan and decided to restructure the remaining eight meetings. The altered plan called for the large group to be divided into two groups. Group one consisted of those teachers who taught primary

students (1-3) and group two was made up from the elementary teachers (4-6). The principal presented the alternate plan to the teachers and it was decided that each group should meet four times during the next eight weeks of the project. The primary group met the following Thursday and every other Thursday thereafter until the end of the project. The elementary group met in the same manner and alternated Thursday afternoons with the primary group.

The principal observed the restructuring of the project to be an affirmative move on the part of the leaders. Teachers appeared to have a higher level of interest in sharing their problems with their colleagues and leaders. They exhibited less interest in the previously planned small interest groups. It appeared that the lack of interest might have been due to the fact that they did not wish to choose an interest group and they felt a higher degree of comfort within their peer group. It appeared that the primary and elementary groups shared the need to work through problems germane to the age of students with whom they worked.

There were three project leaders present at each meeting and the maximum number in the group was 12 teachers.

The teachers appeared to participate more freely in the smaller groups. They felt that knowledge relative to emotionally disturbed children could be gained by each individual in the group having an opportunity to share in the problems being discussed. It appeared to the principal that some teachers feared they would miss out on some discussions led by Dr. Putnam if they were further divided into interest groups.

The primary teachers (1-3) met on April 4 and 18 and on May 2 and 16 under the restructured plan. The elementary teachers (4-6) alternated the Thursday meeting dates and, therefore, met on April 11 and 25 and on May 9 and 23.

Some problems encountered: Several observations were made by the principal which indicated the groups were having somewhat of a different outlook on students with emotional problems. The primary group appeared to be concerned with the fact that their emotionally disturbed students were insecure, easily distracted from a given task, often daydreamed, indulged in fantasy, and showed their frustration at times by fighting with their peers. The elementary group appeared to be concerned

with the fact that its emotionally disturbed students were behavior problems due to their condition. Teachers further indicated that such disturbed students developed into behavior problems because they were trying to impress their peers and wished to get attention with their adverse behavior.

The primary group seemed to be more concerned with the emotional problems causing students to be less productive academically, whereas the elementary teachers appeared to have a problem with behavior. The behavior problem interfered with the learning process of the disturbed children and had an effect on the non-disturbed children as well.

The causes of the above mentioned situations and the proper way for teachers to react to them were major topics of discussion. Punishment, praise, and behavior modification were discussed at length concerning teacher-student relationships.

Even though the inservice workshops were scheduled to terminate at 3:45 P.M., some were still in session at 4:00 P.M. and had to be terminated by the consultants.

Teachers felt free to leave whenever they wished but most stayed beyond the appointed time. Sometimes one to three teachers would indicate a need to stay beyond 4:00 P.M. to continue discussions on points of interest. Some consultants were free to stay beyond the appointed time, but in several instances they had appointments to meet and could not continue working with the teachers.

Role of the principal: The principal functioned as an administrator and facilitator of the practicum. He made the physical arrangements and attempted to set the tone for the experience to be relaxed and meaningful to all who participated in the practicum.

The consultants who led the inservice meetings faced a busy schedule along with the principal and teachers. Therefore, it was necessary for the principal to coordinate the activities of the practicum in a manner where all participants knew when, where, and for what purpose they were meeting. The principal felt that good coordination was a contributing factor in the success of the practicum.

Role of the consultants: Dr. Putnam and Ms. Bilderback gave input to the principal in planning the inservice

programs. They performed leadership roles during inservice meetings and were available during the refreshment period for personal conversations with individual teachers. After the meetings, they were also available to counsel with individual teachers or with small groups when time permitted them to stay beyond the established time period.

The principal and Ms. Bilderback actually planned most of the inservice meetings; however, Ms. Bilderback kept in contact with Dr. Putnam by phone during the planning period. The three leaders deemed it necessary to coordinate the planning in such a manner that each would be informed of their responsibilities.

Both consultants wanted to avoid becoming lecturers during the workshops. They filled the role of group leaders and encouraged the teachers to struggle for solutions which they thought would be productive in their classrooms. The consultants gave input to the principal on the development and use of a survey for evaluation purposes.

Role of the teachers: Teachers had input in a general way as to what structure would afford a meaningful inservice experience. They appeared to feel free to express their ideas and frustrations to the consultants.

At times the teachers seemed to play the role of the "devil's advocate" in trying to offer difficult cases to the consultants for their comments.

Collection of Data

The written instrument which was developed in an attempt to determine if the project had changed teachers' attitudes toward the emotionally disturbed child was given to the experimental and control groups during the first week in January and the last week in May. The instrument was given before the experimental group began the inservice program. (See Appendix C)

The principal's wife is a reading specialist in the school which was used as the control school. She worked through her principal in conducting the survey and collecting data in the controlled situation. No effort was made in the control school to change the attitudes of teachers relative to their dealings with emotionally disturbed students.

Analysis and Interpretation of Data

The Mental Health Consulting Survey was given to classroom teachers in both schools. It was thought that a better sample could be collected if only teachers who

were labeled "classroom teachers" responded to the survey. Therefore, librarians and others classified as non-classroom teachers were omitted from the survey and the data reflect only the responses of classroom teachers in both schools.

In the control school group (Fourth Ward) there were 14 classroom teachers who participated in the survey. At the school where the practicum was executed (Beaverbrook) 24 classroom teachers were involved in the survey.

The number of responses were converted into percentages for a better understanding and more complete comparison because of the uneven numbers surveyed. (See Tables 1, 2, 3, 4)

Tables 1 and 2, respectively, represent the pre and post-test responses of the 14 teachers on the Mental Health Consulting Survey who did not participate in the inservice program at Fourth Ward Elementary School.

Tables 3 and 4, respectively, represent the responses of the 24 teachers on the Mental Health Consulting Survey who participated in the inservice program at Beaverbrook Elementary School.

TABLE 1

Pre-survey Responses (Percent) of Fourteen Teachers on the Mental Health Consulting Survey Who Did Not Participate in the Inservice Program.

SURVEY QUESTION	RESPONSES YES (%)	NO (%)
1. Do you feel that you can accurately identify children with emotional problems?	50	50
2. Do you feel that you have a good understanding of children who suffer from emotional instability?	43	57
3. Do you feel that you understand emotionally disturbed children better now than 6 months ago?	71	29
4. Do you feel that you will have a better understanding of emotionally disturbed children 6 months from now?	64	36
5. Do you feel that emotionally disturbed children should receive more of your time than "normal" children?	57	43
6. Do you feel that emotionally disturbed children present more behavior problems in your classroom than "normal" children?	93	7
7. Do you feel that you have been completely fair in dealing with emotionally disturbed children who cause behavior problems in your classroom?	57	43

TABLE 2

Post-survey Responses (Percent) of Fourteen Teachers on the Mental Health Consulting Survey Who Did Not Participate in the Inservice Program

SURVEY QUESTION	RESPONSES YES (%)	NO (%)
1. Do you feel that you can accurately identify children with emotional problems?	64	36
2. Do you feel that you have a good understanding of children who suffer from emotional instability?	57	43
3. Do you feel that you understand emotionally disturbed children better now than 6 months ago?	71	29
4. Do you feel that you will have a better understanding of emotionally disturbed children 6 months from now?	79	21
5. Do you feel that emotionally disturbed children should receive more of your time than "normal" children?	57	43
6. Do you feel that emotionally disturbed children present more behavior problems in your classroom than "normal" children?	93	7
7. Do you feel that you have been completely fair in dealing with emotionally disturbed children who cause behavior problems in your classroom?	50	50

TABLE 3

Pre-survey Responses (Percent) of Twenty-Four Teachers on the Mental Health Consulting Survey Who Participated in the Inservice Program

SURVEY QUESTION	RESPONSES YES (%)	NO (%)
1. Do you feel that you can accurately identify children with emotional problems?	79	21
2. Do you feel that you have a good understanding of children who suffer from emotional instability?	71	29
3. Do you feel that you understand emotionally disturbed children better now than 6 months ago?	67	33
4. Do you feel that you will have a better understanding of emotionally disturbed children 6 months from now?	62.5	37.5
5. Do you feel that emotionally disturbed children should receive more of your time than "normal" children?	58	42
6. Do you feel that emotionally disturbed children present more behavior problems in your classroom than "normal" children?	83	17
7. Do you feel that you have been completely fair in dealing with emotionally disturbed children who cause behavior problems in your classroom?	71	29

TABLE 4

Post-survey Responses (Percent) of Twenty-Four Teachers on the Mental Health Consulting Survey Who Participated in the Inservice Program

SURVEY QUESTION	RESPONSES YES (%)	NO (%)
1. Do you feel that you can accurately identify children with emotional problems?	87.5	12.5
2. Do you feel that you have a good understanding of children who suffer from emotional instability?	92	8
3. Do you feel that you understand emotionally disturbed children better now than 6 months ago?	87.5	12.5
4. Do you feel that you will have a better understanding of emotionally disturbed children 6 months from now?	83	17
5. Do you feel that emotionally disturbed children should receive more of your time than "normal" children?	75	25
6. Do you feel that emotionally disturbed children present more behavior problems in your classroom than "normal" children?	83	17
7. Do you feel that you have been completely fair in dealing with emotionally disturbed children who cause behavior problems in your classroom?	54	46

Tables 1 and 2 indicate the percent of change in responses to survey questions asked of teachers who did not participate in the inservice program. Table 1 shows pre-survey responses; whereas, table 2 shows post-survey responses. Question 3(Do you feel that you understand emotionally disturbed children better now than 6 months ago?), question 5(Do you feel that emotionally disturbed children should receive more of your time than "normal" children?), and question 6(Do you feel that emotionally disturbed children present more behavior problems in your classroom than "normal" children?) show no change in responses by the teachers in the non-inservice(control) school. Question 1(Do you feel that you can accurately identify children with emotional problems?) and question 2(Do you feel that you have a good understanding of children who suffer from emotional instability?) show a 14 percent increase in the positive responses of teachers; whereas, question 7(Do you feel that you have been completely fair in dealing with emotionally disturbed children who cause behavior problems in your classroom?) shows a 7 percent negative change in responses between the pre-survey and post-survey.

Tables 3 and 4 indicate the percent of change in responses to survey questions asked of teachers who participated in the inservice program. Table 3 shows pre-survey responses; whereas, table 4 shows post-survey responses. Question 6(Do you feel that emotionally disturbed children present more behavior problems in your classroom than "normal" children?) is the only question which shows no change in responses by the inservice group. Question 1(Do you feel that you can accurately identify children with emotional problems?) shows a 8.5 percent more positive response while question 2(Do you feel that you have a good understanding of children who suffer from emotional instability?) reveals more positive responses, and shows greater change than any other question surveyed by the inservice group.

Question 3(Do you feel that you understand emotionally disturbed children better now than 6 months ago?) and question 4(Do you feel that you will have a better understanding of emotionally disturbed children 6 months from now?) both show 20.5 percent of change in a positive way. Therefore, it appears that teacher attitudes have changed and may continue to change

because of their involvement in the inservice program. Question 5(Do you feel that emotionally disturbed children should receive more of your time than "normal" children?) also shows significant change in responses by the inservice group of teachers. They responded more positively to question 5 by 17 percent.

It is more difficult to analyze the 17 percent more negative responses to question 7(Do you feel that you have been completely fair in dealing with emotionally disturbed children who cause behavior problems in your classroom?) than the other questions yielding positive responses. The principal believes that teachers who participated in the inservice program with the mental health consultants became more cognizant of dealing with emotionally disturbed children.

The data indicate that more teachers who participated in the inservice program changed their responses between the pre-survey and post-survey. Therefore, the responses found in tables 3 and 4 lead the principal to believe that teachers' attitudes were changed significantly because of their involvement with the mental health consultants in the inservice program.

The response (percentage) to each of the seven questions on the Mental Health Survey (see Appendix C) was compared in Tables 1 and 2 and in Tables 3 and 4 to arrive at the percentage point range. This determined the percentage of gain or loss to each question relative to the pre and post-survey data. (See Table 5)

Table 5 represents the number of teachers responding and the per cent of change in the responses to each question. This data is by non-inservice and inservice groups.

The data show that teachers' understanding of children with emotional problems was changed as indicated by questions 3 and 5 in Table 5. On Question 3 (Do you feel that you understand emotionally disturbed children better now that six months ago?) the data indicate no attitudinal change in responses to this question among teachers in the non-inservice group; however, teachers participating in the inservice programs responded to the question with a 20.5 per cent more positive manner indicating a change in attitude.

A better understanding of emotionally disturbed children brought about a more positive response from the

TABLE 5

Number of Teachers Responding and the Percent of Change in Responses Between the Pre-survey and Post-survey by the Non-inservice and the Inservice Groups

SURVEY QUESTIONS	Non-Inservice Group No. Responding	Non-Inservice Group Percent of Change	Inservice Group No. Responding	Inservice Group Percent of Change
1. Do you feel that you can accurately identify children with emotional problems?	14	+ 14	24	+ 8.5
2. Do you feel that you have a good understanding of children who suffer from emotional instability?	14	+ 14	24	+ 21
3. Do you feel that you understand emotionally disturbed children better now than 6 months ago?	14	0	24	+ 20.5
4. Do you feel that you will have a better understanding of emotionally disturbed children 6 months from now?	14	+ 15	24	+ 20.5
5. Do you feel that emotionally disturbed children should receive more of your time than "normal" children?	14	0	24	+ 17
6. Do you feel that emotionally disturbed children present more behavior problems in your classroom than "normal" children?	14	0	24	0
7. Do you feel that you have been completely fair in dealing with emotionally disturbed children who cause behavior problems in your classroom?	14	- 7	24	- 17

inservice group by 17 percent as compared to the non-inservice group on question 5(Do you feel that emotionally disturbed children should receive more of your time than "normal" children?).

Questions 2(Do you feel that you have a good understanding of children who suffer from emotionally instability?) and 4(Do you feel that you will have a better understanding of emotionally disturbed children 6 months from now?) show a 7 percent and a 4.5 percent gain, respectively, among the inservice teachers over those in the non-inservice group. However, the data show that the non-inservice group also made gains in understanding children with emotional problems without the inservice program.

Question 6(Do you feel that emotionally disturbed children present more behavior problems in your classroom than "normal" children?) showed no attitudinal change in either group. Question 1(Do you feel that you can accurately identify children with emotional problems?) did not show as much increase in attitudinal change among the inservice group as among the non-inservice group.

It is apparent that teachers in the inservice group became more aware of the complexities involved in accurately identifying emotionally disturbed children and felt less able to make such judgments when they responded to the post-survey. The same rationale is used in the analysis of question 7(Do you feel that you have been completely fair in dealing with emotionally disturbed children who cause behavior problems in your classroom?). Both groups of teachers answered more negatively on the question and the inservice group showed a 10 percent more negative response than the non-inservice group. The rationale on evaluating the data on this question is that after teachers spent three months learning about emotionally disturbed children, more of them felt they had dealt unfairly with such children. This reaction in itself indicates a change in attitude of those teachers who participated in the inservice program.

The principal observed four teachers who were having difficulty controlling children with severe emotional problems. After completion of five weeks of the in-service program, the principal noticed a definite change in the relationships of two of the four teachers with their

children. They did not bring the children to the principal or make negative comments about their children as often. It was obvious that their attitudes toward disturbed children had changed. Another teacher with emotionally disturbed children appeared to change her attitude but at a slower rate of change and after more inservice seminars. The fourth teacher seemed to display little change in her attitude toward such disturbed children and it is doubtful that her attitude will change because of her own emotional instabilities. Other teachers with mildly emotionally disturbed children appeared to make better decisions in their relationships with disturbed children. Because of the changes displayed by teachers as indicated above, the principal believes the goal of the practicum has been met.

CONCLUSION

Two groups of teachers were involved in the practicum. The faculty of Beaverbrook Elementary School participated in the inservice program while the faculty of Fourth Ward Elementary School did not participate in the project. Mental health consultants from local and state clinics were used as resource specialists in conducting the inservice program. The practicum illustrates the possibilities of schools utilizing community resources to a greater advantage.

The data indicate a change in the attitudes of teachers toward children with emotional problems; therefore, the practicum has accomplished its purpose. The belief that the goal has been met is also supported by changes in teacher attitudes as observed by the principal.

It is the belief of the principal who engineered and implemented the inservice program that such projects are valuable to teachers. He is also convinced that teachers are willing to participate in inservice programs which serve to aid them in becoming more competent teachers. Due to the success of the practicum, the principal plans to conduct a similar inservice program during the fall of 1976.

APPENDICES

Appendix A

Letters Pertaining to Practicum

Beaverbrook Elementary School

TELEPHONE 228-2022

ROUTE 1, BOX 251, BIRDIE ROAD — GRIFFIN, GEORGIA 30223

December 19, 1973

Mr. Jerry Stevenson, Director
Spalding County Mental Health Clinic
Griffin, Georgia 30223

Dear Mr. Stevenson:

Yesterday I talked with your assistant Miss Bilderback about our earlier conversation concerning one of your staff members coming to Beaverbrook School to work with students who are enrolled at the clinic. She was supportive of the idea and would like to help activate a workable plan for our students. She stated that after the holidays maybe we could put all our ideas together.

Thanks to you both, and I wish for you a Happy Holiday Season.

Sincerely,

Charles Mobley, Principal
Beaverbrook School

CM/ok

Beaverbrook Elementary School

TELEPHONE 228-2022

ROUTE 1, BOX 251, BIRDIE ROAD – GRIFFIN, GEORGIA 30223

January 2, 1974

Mr. Jerry Stevenson, Director
Spalding County Mental Health Clinic
Griffin, Georgia 30223

Dear Mr. Stevenson:

I enjoyed discussing briefly our counseling project while attending the Griffin Kiwanis Club luncheon with you yesterday.

Much thought has been given to the proposal which I will send to you within the next week.

I do agree that it is important as to which member of your staff is involved in this project, and that it will have to be someone who is interested in trying something innovative.

Thanks again for your help and concern.

Sincerely,

Charles Mobley, Principal
Beaverbrook School

CM/ok

Beaverbrook Elementary School

TELEPHONE 228-2022

ROUTE 1, BOX 251, BIRDIE ROAD — GRIFFIN, GEORGIA 30223

January 4, 1974

MEMORANDUM

To: Jerry Stevenson, Director
Spalding County Mental Health Clinic

From: Charles Mobley, Principal
Beaverbrook Elementary School

Subject: Mental Health Consultant for Beaverbrook School

Proposal:

Item 1. The Beaverbrook School enrollment is now 741 students, and of this number 42 have been involved in the mental health clinic in varying degrees in the past five years. At the present time, 14 students are actively involved. There are approximately 12 students who should be involved at the clinic, along with their parents, but the school has been unable to achieve cooperation from these parents.

Our study shows that many of the children who have been involved in the past, but are not active presently still need clinical services. The reason for their withdrawal from the clinic is due to complacency and non-support on the part of their parents.

Item 2. Much to the contrary of the thinking of the general public, teachers are human beings - not super-humans, just plain humans. Therefore, consultations by your staff with groups of teachers should provide professional and personal support for teachers who need this kind of support, but probably would never think of going to the clinic for this kind of help. It is felt that getting together and sharing common concerns, frustrations, weaknesses and successes would help teachers to better cope with children who have emotional problems.

It is further hypothesis that the overall effect of having a clinical staff member hold workshops for teachers will possibly help them become more aware of their own emotions. If this can be accomplished, it should help teachers deal with their students more effectively and they should be more sensitive to their

pupils' cognitive and emotional needs.

I will ask teachers to participate in the first three sessions which we plan. The other sessions will be open to those who wish to participate. It will be indeed interesting to see which teachers take a positive or a negative attitude toward these workshop sessions. Therefore, it is incumbent upon your staff to make the sessions productive and interesting to the total group as far as possible.

Item 3. I am suggesting that your designated clinician adhere to the hours of 1:00 P.M. to 3:00 P.M. each Thursday for the last quarter of the current school. This time will be spent with students. The workshops for teachers should be held on Thursday afternoons also from 3:00 P.M. until 3:45 P.M. Refreshments will be provided by the school at these sessions. Also, I would like to invite the designated staff member to arrive in time for lunch if they so desire. The conference room will be reserved for use by your clinician during the appointed time above and the workshops will be held in the library.

Item 4. I feel that the students who know the clinician will utilize the counseling services first and then maybe some students who have problems to discuss with a "Third Party" will get involved.

I also feel that your agent will provide a "Third Party" aspect to the staff relationship, and that the clinician might even be asked to visit classes and give suggestions for working with certain children. Even though I have a very open atmosphere with teachers and students, I think someone outside the school structure will be welcomed by most everyone.

Item 5. The above information has been discussed in greater detail before it was written; therefore, if any of the information is incorrect, please let me know. I am open to your suggestions and am flexible to the extent that any of the above mentioned details may be changed.

Item 6. Thank you again for your fine cooperation.

Spalding County Health Department

P. O. BOX 911 – GRIFFIN, GEORGIA 30223
PHONE 227-5528

January 17, 1974

Chuck Mobley, Principal
Beaverbrook Elementary School
Rt. 1, Box 251, Birdie Rd.,
Griffin, Georgia 30223

Re: Proposal for Mental Health Consultant for Beaverbrook School.

Dear Chuck,

I think your proposal, dated 1-4-74, is an excellent idea. It incorporates beautifully the type of service delivery system that the Mental Health Clinic is striving to achieve. Your proposal reflects our model of "case-containment"--that is working directly with those systems which have the greatest impact on an individual's life style and behavior patterns while avoiding the stigma so often time associated with Mental Health Clinics. To my knowledge your request for such consultation is the first we have received from any of the schools in our County.

Let us plan to meet in the near future to work out the implementation of the proposal and to build in some evaluative mechanisms, to see if planned objectives are being met.

Sincerely,

Jerry G. Stevenson

Jerry G. Stevenson, MSW
Director
Mental Health Clinic

JGS/ec

Appendix B

Agenda of Inservice Meetings

AGENDA

Inservice: Mental Health Seminar No. 1

March 7, 1974

3:00 - 3:45 P.M.

I. Meeting in media center

A. Get acquainted time

B. Refreshments served during this time

II. Introduction of consultants by Charles Mobley, principal

A. Dr. Dave Putnam

1. Ph.D. in Psychology and licensed practitioner

2. Assistant Director of the Mental Health Institute in Atlanta, Georgia

B. Ms. Gail Bilderback

1. M.A. in Psychology

2. Coordinator of Child and Adolescent Services, Spalding County Health Department, Griffin, Georgia

III. Body of inservice meeting

A. Outline of structure by Charles Mobley, principal

B. Outline of goals by Dr. Dave Putnam

C. Discussion of structure and goals by Ms. Bilderback

IV. Adjournment by Charles Mobley, principal

AGENDA

Inservice: Mental Health Seminar No. 2

March 14, 1974

3:00 - 3:45 P.M.

I. Opening of meeting in media center by Charles Mobley, principal

II. Group discussion of behavioral traits of emotionally disturbed children with Dr. Dave Putnam

III. Consultant input

  A. Teacher reaction usually exhibited presented by Ms. Gail Bilderback

  B. How teachers should react presented by Dr. Dave Putnam

IV. Adjournment by Charles Mobley, principal

AGENDA

Inservice: Mental Health Seminar No. 3

March 21, 1974

3:00 - 3:45 P.M.

I. Opening of meeting in media center by Charles Mobley, principal

II. Group discussion on improving teachers' attitudes toward emotionally disturbed children by Dr. Dave Putnam

   A. How poor attitudes may be changed

   B. Teacher's need to admit honest attitude

III. Consultant input by Ms. Gail Bilderback

   A. How teacher attitudes affect emotionally disturbed children

   B. How emotionally disturbed children affect teachers' attitudes

IV. Closing remarks and adjournment by Charles Mobley, principal

AGENDA

Inservice: Mental Health Seminar No. 4

March 28, 1974

3:00 - 3:45 P.M.

I. Opening of meeting in media center by Charles Mobley, principal

II. Group discussion on non-verbal communications by Ms. Gail Bilderback

A. Observing and reacting to non-verbal behavior

B. Improving non-verbal communication by Dr. Dave Putnam

III. Consultant input on non-verbal communication by Dr. Dave Putnam

IV. Closing remarks and adjournment by Charles Mobley, principal

Called Faculty Meeting in Media Center

April 3, 1974

3:00 P.M.

Charles Mobley, principal of Beaverbrook Elementary School, called a faculty meeting and presented plans for restructuring the remaining inservice meetings relative to the mental health seminars. He and the mental health consultants decided that the restructuring of inservice meetings was necessary in order to meet with smaller groups; the new plan would allow each group to meet every other week instead of meeting weekly. The revised plan called for primary teachers to constitute one group and the other group would be comprised of elementary teachers. The plan was to alternate meeting dates on each Thursday with the primary teachers' group beginning the process on April 4, 1974. The plan would lengthen the inservice project but would allow teachers the same number of inservice seminars. The faculty discussed the plan briefly and decided upon the restructured plan over the previously outlined one at the beginning of the inservice program. The meeting was adjourned at 3:25 P.M. by the principal.

AGENDA

Inservice: Mental Health Seminar No. 5 - P
Primary Teacher Group

April 4, 1974

3:00 - 3:45 P.M.

I. Opening of meeting in media center by Charles Mobley, principal

II. Discussion on identifying emotionally disturbed children at early age by Mrs. Gail Bilderback

A. Behavioral traits prevalent among emotionally disturbed children.

B. Interpreting behavioral traits of emotionally disturbed children

III. Discussion and input by Dr. Dave Putnam

IV. Adjournment by Charles Mobley, principal

AGENDA

Inservice: Mental Health Seminar No. 5 - E
Elementary Teacher Group

April 11, 1974

3:00 - 3:45 P.M.

I. Opening of meeting in media center by Charles Mobley, principal

II. Discussion with teachers by Dr. Dave Putnam

A. Discussion on types of emotionally disturbed children among elementary school students

B. Distinguishing between minor and major disturbances among elementary school students

C. Different behavioral traits between boys and girls with emotional problems

III. Discussion and input by Ms. Gail Bilderback

IV. Adjournment by Charles Mobley, principal

AGENDA

Inservice: Mental Health Seminar No. 6 - P
Primary Teacher Group

April 18, 1974

3:00 - 3:45 P.M.

I. Opening of meeting in media center by Charles Mobley, principal

II. Disciplining primary aged emotionally disturbed children by Dr. Dave Putnam

A. Guidance with discipline

B. Individually prescribed discipline for emotionally disturbed children

III. Disciplining without anger by Mrs. Gail Bilderback

IV. Adjournment by Charles Mobley, principal

AGENDA

Inservice: Mental Health Seminar No. 6 - E
Elementary Teacher Group

April 25, 1974

3:00 - 3:45 P.M.

I. Opening of meeting in media center by Charles Mobley, principal

II. Disciplining elementary aged emotionally disturbed children by Dr. Dave Putnam

   A. Guidance with discipline

   B. Disciplinary action of boys and girls

III. Disciplining without anger by Ms. Gail Bilderback

IV. Adjournment by Charles Mobley, principal

AGENDA

Inservice: Mental Health Seminar No. 7 - P
Primary Teacher Group

May 2, 1974

3:00 - 3:45 P.M.

I. Opening of meeting in media center by Charles Mobley, principal

II. Behavioral modifications by Ms. Gail Bilderback

A. Organizing and implementing behavior modification techniques with emotionally disturbed children

B. Some expected results from behavior modification

III. Teacher's role in behavior modification by Dr. Dave Putnam

IV. Adjournment by Charles Mobley, principal

AGENDA

Inservice: Mental Health Seminar No. 7 - E
Elementary Teacher Group

May 9, 1974

3:00 - 3:45 P.M.

I. Opening of meeting in media center by Charles Mobley, principal

II. Behavior modifications by Ms. Gail Bilderback

A. Organizing and implementing behavior modification techniques with emotionally disturbed children

B. Some expected results from behavior modification

III. Teacher's role in behavior modification by Dr. Dave Putnam

IV. Adjournment by Charles Mobley, principal

AGENDA

Inservice: Mental Health Seminar No. 8 - P
Primary Teacher Group

May 16, 1974

3:00 - 3:45 P.M.

I. Opening of meeting in media center by Charles Mobley, principal

II. Emotionally disturbed children require fair and firm treatment from teacher presented by Dr. Dave Putnam

   A. Discussion of unfair treatment

   B. Discussion on how to correct unfair treatment

III. Being fair to emotionally disturbed children presented by Ms. Gail Bilderback

IV. Closing remarks (last meeting for primary teachers) and adjournment by Charles Mobley, principal

AGENDA

Inservice: Mental Health Seminar No. 8 - E
Elementary Teacher Group

May 23, 1974

3:00 - 3:45 P.M.

I. Opening of meeting in media center by Charles Mobley, principal

II. Emotionally disturbed children require fair and firm treatment from teachers presented by Dr. Dave Putnam

   A. Discussion of unfair treatment

   B. Discussion on how to correct unfair treatment

III. Being fair to emotionally disturbed children presented by Ms. Gail Bilderback

IV. Closing remarks (last meeting for elementary group) and adjournment by Charles Mobley, principal

Appendix C

Mental Health Consulting Survey

Mental Health Consulting Survey

(Do not sign your name)

Please check yes or no to as many items as you feel competent in answering.

	Item	YES	NO
1.	Do you feel that you can accurately identify children with emotional problems?	____	____
2.	Do you feel that you have a good understanding of children who suffer from emotional instability?	____	____
3.	Do you feel that you understand emotionally disturbed children better now than 6 months ago?	____	____
4.	Do you feel that you will have a better understanding of emotionally disturbed children 6 months from now?	____	____
5.	Do you feel that emotionally disturbed children should receive more of your time than "normal" children?	____	____
6.	Do you feel that emotionally disturbed children present more behavior problems in your classroom than "normal" children?	____	____
7.	Do you feel that you have been completely fair in dealing with emotionally disturbed children who cause behavior problems in your classroom?	____	____